Q - Mood - Ptsd Adult

Record ID		_			
Questionnaire - Metadata					
Session ID		_			
Questionnaire Started At		_			
Questionnaire Completed At					
Questionnaire Duration (seconds)		_			
Severity of Posttraumatic S	tress Sympto	ms - Adult			
Please list the traumatic event tha	t you experience	ed _			
Date of the traumatic event:		_			
People sometimes have pro	blems after e	xtremely stre	ssful events o	r experiences	. How much
have you been bothered du	ring the PAST	SEVEN (7) DA	AYS by each of	the following	problems
that occurred or became wo	rse after an e	extremely str	essful event/ex	kperience?	
0=Not at all, 1=A little bit, 2	2=Moderately	, 3=Quite a b	it, 4=Extreme	ly"	
Having "flashbacks", that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	0=Not at all	1=A little bit	2=Moderately	3=Quite a bit	4=Extremely
Feeling very emotionally upset when something reminded you of a stressful experience?	0	0	0	0	0

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Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	O	O	O	O	O
Thinking that a stressful event happened because you or someone else (who didn't directly harm you) did something wrong or didn't do everything possible to prevent it, or because of something about you?	0	0	0	0	0
Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame, or horror) after a stressful experience?	0	0	0	0	0
Losing interest in activities you used to enjoy before having a stressful experience?	0	0	0	0	0
Being "super alert", on guard, or constantly on the lookout for danger?	0	0	0	0	0
Feeling jumpy or easily startled when you hear an unexpected noise?	0	0	0	0	0
Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	0	0	0	0	0

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